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Emotional Abuse, Neglect In Eating Disorders And Their Relationship With Emotion Regulation

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Abstract

Childhood abuse is a significant predictor of a subsequent emergence of symptoms of eating disorders. This study was aimed at examining the importance of emotional abuse and neglect in eating disorders (anorexia nervosa and bulimia nervosa) as well as at verifying the role of emotion regulation deficit as a mediating mechanism in this relationship. It is hypothesized that emotional abuse has an indirect influence on the development of the subsequent eating pathology through maladaptive emotion regulation abilities. A questionnaire study was conducted on three samples of female subjects aged 16 to 19 years. Two samples consisted of patients diagnosed with anorexia nervosa and bulimia nervosa while the third sample included healthy control subjects. Two questionnaires were used in the study: the Child Abuse and Trauma Scale and the Difficulties in Emotion Regulation Scale. Significant differences were found between the group of patients with eating disorder and the healthy control group regarding difficulties in emotion regulation, neglect and emotional abuse. A significant difference was found between the anorexia nervosa and bulimia nervosa groups regarding the two forms of abuse. Finally, a close relationship was demonstrated between childhood emotional abuse and difficulties in emotion regulation. Results of this study support the hypothesis that emotional abuse and neglect influence the emergence of eating disorders. Furthermore, results suggest that emotion regulation disorder is a possible mediator of the relationship of emotional abuse and neglect with eating disorders. The relevance to clinical practice is also presented in this paper.

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Keywords: Childhood abuse, emotional abuse, negative home environment, eating disorders, anorexia nervosa, bulimia nervosa, emotion dysregulation.

Introduction

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Regarding the pathomechanisms of eating disorders, biological, psychological and sociocultural factors are equally important. Researchers and clinicians make attempts to unravel these factors and their interactions in order to understand the etiology of eating psychopathologies. One of the influential factors is childhood abuse whose importance has been recognized over recent years. While physical and sexual abuse has already come into the focus of research, much less attention has been given to the role of emotional abuse. This study was aimed at examining the relationship of emotional abuse and neglect with eating disorders as well as at verifying the importance of emotion regulation as a possible mediating factor.

1. Childhood abuse and eating disorders

The relationship between *sexual abuse* and symptoms of eating disorder is a field surrounded by considerable scientific interest and debate. Some authors suggest that sexual abuse is a risk factor particularly significant in bulimia (Rorty et al., 1994) whereas others argue that its significance is somewhat overestimated (Pope & Hudson, 1992). However, studies done in the recent past have established that sexual abuse alone may contribute to an increased risk of eating disorders in female victims (Gentile et al., 2007). In contrast, *physical abuse* has attracted much less attention as it is reflected in the related literature. Nevertheless, physical abuse also appears to be a nonspecific factor in certain eating disorders (e.g. bulimia nervosa; Folsom et al., 1993).

The most widely accepted definition of *emotional abuse* specifies the phenomenon as ‘the sustained, repetitive, inappropriate emotional response to the child’s experience of emotion and its accompanying expressive behavior’ (O’Hagan, 1995, p. 456.). The scientific interest shown towards emotional abuse is relatively new, its importance has only been considered in the recent past. Only few studies have investigated emotional abuse and even these did not exclusively focus on this form of abuse. Emotional abuse occurs more frequently than other types of abuse: it may occur either alone or accompanying physical and sexual abuse (Gross & Keller, 1992).

The most recent studies have demonstrated that emotional abuse suffered in early childhood has negative consequences for development (e.g. Yates & Wekerle, 2009) as well as it has a permanent influence on the emergence of adulthood psychopathologies (e.g. Grilo & Masheb, 2001). It may be considered a significant predictor of several mental problems having a negative effect on self-evaluation and a direct relationship with feelings of inferiority and helplessness (Schaaf & McCanne, 1994). In turn, individuals affected by such problems may choose to bring their own body under their power in order to regain control.

Sexual and physical abuse predict bulimia better than predict symptoms of food restriction (Schmidt et al., 1993). However, emotional abuse has proved to be a risk factor of several general symptoms which bulimia and anorexia have in common (e.g. low self-esteem, discontentment with one’s own body and food restriction; Gross & Keller, 1992). In a study reported by Stuart and colleagues, patients with bulimia gave accounts of a home environment where threat and tense atmosphere, beside physical abuse, occurred more frequently compared to depressed or control samples (Stuart et al., 1990). Furthermore, an increased frequency of emotional abuse was also demonstrated in samples of female patients with binge eating disorder and obesity (Grilo & Masheb, 2001).

1.1. *Emotion regulation deficit as a mediating factor*

One potential consequence of emotional abuse is the difficulty of emotion regulation (Hund & Espelage, 2006). Criticism coming from the caregiver, punishment or an emotionally harmful environment may lead to the repression of emotions, that is, avoidant coping considered to be a maladaptive emotion regulation strategy (Hayaki, 2009). Self-report studies conducted with adult subjects found emotional abuse to be related to emotional inhibition and avoidant coping (Gratz et al., 2007). In short, emotional abuse is accompanied by maladaptive emotion regulation patterns in both childhood and adulthood.

Emotion regulation plays an important role in the development of various psychopathologies including eating disorders. Eating disorders are also characterized by a lack of efficient coping with negative emotional states. For example, binge eating and purging behavior serve as means to distract attention from negative emotions or as ways of self-reconciliation that provides a short-term feeling of comfort (Svaldi et al., 2012). In such cases, a general mood intolerance is responsible for the perpetuation of the pathological process while the disordered eating behavior is a maladaptive means of managing negative emotional states. Thus, poor expression of emotions, negative emotions and nonconstructive coping with them are related to body-related discontentment and symptoms of bulimia (Sim & Zeman, 2005).

1.2. Hypothesis

This study examined the possibility of a direct relationship between emotional abuse and symptoms of eating disorders taking into account the mediating role of emotion regulation deficits. It was hypothesized that emotional abuse results in deficiencies of emotion regulation abilities that in turn may elicit symptoms of eating disorder.

2. Methods

2.1. Subjects

The study involved adolescents aged 16 to 19 years whose parents gave written consent to their participation. The questionnaires were filled in by 26 patients diagnosed with anorexia nervosa (mean age: 16.4, SD=1.23), 18 patients diagnosed with bulimia nervosa (mean age: 18.0, SD=0.93) and 31 healthy secondary students (mean age: 16.5, SD=0.66). Participation was voluntary and anonymous.

Selection criteria for eating disorders were in part based on the respective diagnostic criteria of DSM-IV. Measure of weight loss was assessed based on the body mass index criterion of ICD-10.

2.2. Measures

Childhood Abuse and Trauma Scale (CATS) Abuse was measured by the Childhood Abuse and Trauma Scale (CATS) that is a self-report scale including 38 items which assess unfavourable childhood experiences, carelessness and the subjective judgment of occurrences of physical violence. The original scale consisted of three subscales: sexual abuse, punishment and negative home environment/neglect (e.g. parental drug abuse or fights; Sanders & Becker-Lausen, 1995). However, Kent and Waller subsequently identified a fourth factor, namely, the 'emotional abuse' subscale (Kent & Waller, 1998). Subjects rated items on five-point Likert scales.

Difficulties in Emotion Regulation Scale (DERS) This questionnaire includes 36 items classified into six factors: nonacceptance of emotional responses, difficulties engaging in goal-directed behavior, impulse control difficulties, lack of emotional awareness, limited access to emotion regulation strategies and lack of emotional clarity. Subjects rated their degree of agreement with each item on a five-point Likert scale (Gratz & Roemer, 2004).

3. Results

Statistical analysis of the obtained data was conducted by means of version 17 of the SPSS software. Satisfactory reliability was obtained for all factors of the DERS (Cronbach's $\alpha=0.81-0.93$) as well as for emotional abuse (Cronbach's $\alpha=0.811$) and negative home environment/neglect (Cronbach's $\alpha=0.823$) among factors of the CATS. Since the remaining two factors of the CATS, that is, sexual abuse (Cronbach's $\alpha=0.58$) and punishment (Cronbach's $\alpha=0.54$) did not prove reliable, they were not included in further statistical analysis.

Relationships among factors in the three samples were tested by univariate analysis of variance (ANOVA). The obtained results are shown in *Table 1*. The relationships of factors of emotional abuse (negative home environment and emotional abuse) with emotion regulation were tested by means of Pearson's correlation coefficient.

Table 1. Differences among groups regarding negative home environment/neglect, emotional abuse and difficulties in emotion regulation.

Variable	AN group (n=26)	BN group (n=18)	Healthy control group (n=31)	ANOVA	
	Mean (SD)	Mean (SD)	Mean (SD)	F _{3, 73}	p
Negative home environment/neglect	25.08	31.50	15.91	29.08	<.001
Emotional abuse	8.81	11.11	5.69	24.09	<.001
Difficulties in emotion regulation	111.18	109.54	84.27	10.92	<.001

A significant difference was found regarding difficulties in emotion regulation between the combined sample of subjects with eating disorder and the control group. Furthermore, significant differences were found regarding both negative home environment/neglect and emotional abuse among the three samples of patients with anorexia, patients with bulimia and control subjects. In addition, data clearly indicated that those subjects scored higher on the subscales of the DERS who reported a negative home environment and more frequent emotional abuse in the family ($r=0.512$; $p<.001$).

4. Discussion

Results of this study demonstrate that traumatic experiences of the population affected by eating disorders form a risk factor in the development of the pathological behavior. Emotional abuse and negative home environment/neglect were more frequently experienced by patients with eating disorder (especially by patients with bulimia) compared to healthy adolescents' environmental experiences. Furthermore, results have verified the hypothesized close relationship between emotion regulation deficits and symptoms of eating disorder in harmony with findings of previous studies.

Experience of a negative family environment reported by patients with bulimia is also consistent with previous findings. Binge eating may serve as a means to break out of a negative emotional situation based on a behavioral strategy which is a regulation attempt at the same time. In turn, such an attempt is primarily motivated by the patient's need for escape from the emerged negative feeling which is regulated in this way. That is, binge eating fulfils regulation by providing physical stimuli which reduce attention to negative feelings (Hayaki, 2009).

Patients with eating disorder grow up in families which are often characterized by inadequate parental attitudes, mothers frequently suffer from alexithymia, they have difficulty distinguishing emotions and family conflicts are highly frequent that are mostly managed by avoidance (Espina, 2003). In this way, rejection of food is a primary avoidant behavior in anorexia that fulfils a function of defence against experiencing emotions. While experiencing a negative emotion may trigger a binge eating episode in bulimia nervosa, the aversion to negative feelings elicits food restriction in anorexia nervosa. In sum, such emotion regulation strategies as binge eating and food restriction serve as means to split, block or escape from unacceptable painful emotions (Espina, 2003; Hayaki, 2009).

Results suggest that emotion regulation disorder is a possible mediator of the relationship of emotional abuse and neglect with eating disorders. However, emotion regulation is only one of the potential mediating factors. In future research, further attention should be devoted to the examination of multiple possible mediating factors in combination.

Several factors and results provide bases for designing further studies involving both normal population and groups of patients with psychopathologies. Narrative interview is an efficient way of collecting data on childhood emotional experiences since records may be subjected to narrative psychological content analysis that enables a systematic analysis of a wide pool of data. Results obtained by narrative analysis may provide a basis for conclusions drawn at the level of representations.

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